Hospital Community Benefit Program
Advisory Committee
Meeting Minutes for
April 13, 2000

Welcome and Approval of Minutes

David Werdegar, MD, MPH called the meeting to order at 10:10am. He introduced the agenda and gave a brief overview of the day. He asked for corrections or amendments to the minutes and, with none offered, he moved to approve them. The committee approved the minutes.

Committee Members Present:

- Kevin Barnett
- Bud Beck
- Maya Dunne
- Chet Horn
- Wayne Judd
- Bud Lee
- Julio Mateo
- Tom McCaffrey

- Tom McGuiness
- Santiago Munoz
- Gary Nelson
- Maria Rodriguez-Guerra
- Donald Rowe
- Sherri Sager
- Joan Twiss

Committee Members Absent:

- Carol Adams
- Mickie Beyer
- Mary Lou Goeke

- Cyndi Kettman
- George Wolfe

OSHPD Staff

- Roxanne Andrews
- Joy Beatty
- Laurie Macintosh
- Chris Mirell

- Ed Mendoza
- Elsa Murphy
- David Werdegar

Meeting Objectives

Ed Mendoza outlined the meeting objectives, which included a status report on the workgroups, discussion and input from the advisory committee, and a schedule of future workgroup activities.

Progress Report and Discussion: *Reporting Workgroup*

Kevin Barnett and Elsa Murphy provided the progress report for the Reporting Workgroup. Ms. Murphy reported on the workgroup's conference call of March 28, 2000.

Committee comments during this discussion included:

- A request for more standards for community benefit reporting.
- An introduction to the general guidelines for the Community Benefit Planning process. The planning and evaluation processes were emphasized.
- A committee member noted that it was important for hospitals to document their internal planning process.
- Ms. Murphy noted it was vital that hospitals link assessment findings with their plans.
- A committee member said that it is difficult to quantify benefits to demonstrate range of benefits provided.

Ms. Murphy continued commenting on the Reporting Workgroup's call and she noted that there was consensus that the current outline is sufficient, but requires more detail on individual sections. The workgroup suggested further evaluation of CHA's Social Accountability budget and Lyon's software. To date, 80 hospitals have invested in the Lyon's software.

Mr. Barnett noted that at the end of the conference call he felt a critical approach was necessary to advance the state of affairs in reporting. He spoke about model plans and drafted legislation, and added that the dialogue over this program is reaching the national level. The challenge for the Reporting Workgroup is to find and compile the relevant information from other initiatives around the nation.

In his conclusion, Mr. Barnett summarized that the emphasis to hospitals should be more on planning and less on reporting. They should seek the most cost-effective and meaningful approach to their community benefit program. The intention is standardization of the process.

Committee member responses to Mr. Barnett's presentation included:

- A note to look at the website, www.consumersunion.org and examine the publication "White Knights or Trojan Horses."
- A committee member noted that New Hampshire is looking to California as an example.
- A committee member raised the question of how comfortable the Advisory Committee is with the level of specificity in how hospital reports regard the community.
- More than one committee member suggested a Lyons software demonstration. One concern with the Lyons software is that language needs to be tailored to California and the SB 697 process.
- The committee brought up the following points regarding reporting versus planning:

-How are the people at hospitals who are actually doing the work viewing the reporting?
-There is a need to explain to them why the planning is more important than reporting.
-Concern was also raised about not always being about to see a clear link between a hospital's reporting and planning.

- The time element was also discussed. A committee member expressed concern over deciding if planning or reporting took top priority, and being unable to think strategically with such a lack of time.
- Additional concern was raised over integrating Hospital Community Benefits into the hospital's/trustee's strategic plan.
- The committee advised that hospitals need to be urged to have a motivation for health care, not just "sick" care.
- A committee member noted that the value of this process is to remind hospital trustees that community benefit is part of the mission of a non-profit hospital.
- A committee member also brought up struggles at academic hospitals.
- One committee member raised a caveat that not all hospitals fit into the same mold. Therefore we should still provide flexibility in the standardization of community benefits.

Reporting of Charity Care and Bad Debt- OSHPD Healthcare Information Division

Kenny Kwong, of OSHPD's Healthcare Information Division, made a presentation on the differences between charity care and bad debts. He discussed annual reporting and quarterly reporting, and the findings of a recent contractor's review of the data programs. The purpose of the contractor's review was to identify opportunities to 1) increase reporting efficiency and 2) reduce reporting costs if possible. There were three recommendations from the contractor that were related to the Hospital Community Benefit Program:

- Recommendation for a universal definition for bad debt and charity care. The benefits of a universal definition (e.g. 150 percent of federal poverty guidelines) would be uniform/comparable reporting. The challenge of uniform reporting is increased workload for hospitals. Also a standard definition may imply certain levels of expectation from the state.

- Recommendation for standardizing community benefit reporting.

- Recommendations for greater disclosure regarding individual hospital's charity care policies.

According to Mr. Kwong, OSHPD is reviewing recommendations and will take on those that require minimal effort. However, it will take a few years before the changes can be implemented.

The committee made the following comments about Mr. Kwong's presentation:

- One committee member pointed out that hospitals are hesitant about in giving out information.
- One committee member asked how many reports have charity care dollars in them. OSHPD responded that the majority of the hospitals report charity care.
- One committee member asked about the difference in annual and quarterly reports. Mr. Kwong responded that the difference is the time frame and how it affects those turning in the reports. An annual report allows more information, and more time for changes. Errors are more frequent in quarterly reports.

Lunch Break

Progress Report and Discussion: *Technical Assistance Workgroup*

Joy Beatty presented a progress report on the Technical Assistance Workgroup. She discussed the purpose of the group, and commented on how varied the workgroup was in representation- OSHPD staff, hospital representatives, and participants with a broad community perspective. She reported that OSHPD is creating a manual for hospital staff that will include the history of legislation, reporting requirements, and internal processes. She noted the need to educate community benefit planners on the basics of community building and collaborative processes.

The Technical Assistance manual is proposed to contain an introduction and history of HCBP legislation. The workgroup suggested that the manual be a loose-leaf binder, that OSHPD's website be expanded, and that OSHPD review existing material. The Technical Assistance workgroup will review drafts of the manual. The next steps were to review existing materials, review the priorities for the manual, and incorporate reporting standards as they are approved by the reporting workgroup. Ms. Beatty opened the floor to discussion.

Comments included:

- One committee member talked about how his office went about identifying hospital needs, using a survey, as well as phone and hospital contacts.
- When asked for additions to the manual the committee suggested sections on:
  -how to obtain board support or administrative buy-in
  -planning timeframes and timelines
  -instructions on communicating with other audiences (i.e. employees, patients)
  -creating collaborations with community partners
- Concern arose over how outcomes measures are actually reported.

Progress Report and Discussion: *Information Dissemination Workgroup*

Elsa Murphy presented a progress report on the Information Dissemination Workgroup. She reported that the group has not begun yet and she asked for volunteers to participate in the workgroup. Dr. Werdegar asked the group how many members

thought the Advisory Committee should report to the legislature on a regular basis. There was a majority in favor of the idea. Dr. Werdegar noted that such a report would command more attention for the committee and give the committee an official status.

Comments from the committee during the Information Dissemination discussion included:

- A committee member noted that copies of the 1998 report were sent to the legislature. But since then there has been significant legislative turnover. Some legislative members have remained but new ones have no familiarity with the report. Therefore, awareness about SB 697 has decreased and OSHPD should make the effort to keep the issue in front of the legislature.
- A committee member also suggested that as long as the report is on public record, the committee could use it to defend its progress.
- One committee member asked if there was any concerted effort to inform hospital trustees about the SB 697 process. It was noted that awareness is the key in this issue; the program must be constantly kept in their view.

<u>Breakout Sessions</u>: Reporting Workgroup and Technical Assistance Workgroup

<u>Reporting Workgroup</u>

Elsa Murphy led the discussion on the Reporting Workgroup. Her first question was how the workgroup could work most efficiently in order to achieve objectives by the fall. Comments included:

- A suggestion that meeting times and conference calls set up in advance. So that, more can be accomplished before the meeting dates.
- The goal of the workgroup is to have the majority of the work done by the fall of 2000. This will hopefully lead to hospitals being able to utilize this for May 2001 reports.
- A committee member suggested that it is necessary to do an assessment of needs, capacities, and capabilities. It was also noted that there might be difficulty weighing subjective data versus objective data.
- One member suggested that the committee use the charity care reports that are delivered to Kenny Kwong, since they are put together the same way and easily utilized.
- A committee member asked how various things that do not end up in reports are factored in, such as volunteer hours.
- It was noted that there is no uniform definition of charity care reporting. Each hospital can have its own charity care policy in writing, and report on their own terms.
- A committee member suggested that non-profit hospitals make their charity care policies public, since they have different ways of administering charity care.
- One member noted that there needs to be some mechanism to report what each hospital is doing and if it is culturally appropriate.

- One member noted that the information reported to Kenny Kwong is a report of charges. In comparison, an estimate of costs are reported in community benefit plans.
- A committee member noted that the workgroup should try to develop a reporting system that is relatively simple, allows aggregation of information and comparability across hospitals, and doesn't tie the hands of the hospitals.
- A committee member noted that it is necessary to define the Advisory Committee's tasks in this process, as well as the content.
- A question was raised about what hospitals can offer alone, and what they can offer together, as a group.

Technical Assistance Workgroup

Joy Beatty and Laurie MacIntosh led the discussion. The TA workgroup was asked to discuss potential links with public health departments and community based organizations.

The Workgroup noted that each hospital has different players in their community. Organizations that hospitals should contact:
- health system agencies
- public health department
- CHEAC
- organizations that represent public health concerns
- community collaboratives (i.e. Prop 10)
- Health and Human Services/Social Services agencies
- Education/Schools
- prevention agencies
- community based organizations
- United Way
- faith community

Then the workgroup discussed how to better equip hospitals to build links between hospitals and the community. The workgroup noted that:

- Community benefit planners should be educated on: how to build trust between these organizations, how to find the right person within organizations to sit at the table, how to make use of existing community networks and how to use public relation techniques.

Other suggestions offered by the TA workgroup:

- Electronic "List serve" from OSHPD to provide news concerning community benefit activities in other collaborative around the state. Target: hospitals, community based organizations, collaborative partners, and hospital board of trustees.

- On site visits
- Conferences
  - For hospital staff
  - For collaborations

The TA workgroup was then asked for any further additions to the manual and to discuss the priorities for the manual.

Additions:
- Beyond Community Asset Mapping: Do Community Assets Reach The Need?
- Collaboratives: "Organizing the Effort"
- Conducting needs assessments
- Listing of software, data websites and needs assessment tools.
- How to educate your key stakeholders
- Monitoring performance and progress (vs. measuring outcomes)
- A linear series of planning questions and prompts for the community benefit planning process (possibly adapted from Jan 96)

The workgroup then examined Santa Clara county's collaborative manual and the workgroup requested that Sherrie Sager keep the workgroup updated on the manual's progress.

The workgroup discussed next steps. OSHPD will continue to review materials and tools from around the state and contact the workgroup to review a proposed table of contents, timeline and priorities for the manual.

Meeting Summary

Ed Mendoza provided an overview of the meeting and referenced the next meeting. By June it is assumed that the committee will have specific recommendations from the workgroups. It was also suggested that it be a standing item to have someone lead a discussion at each meeting, similar to Kenny Kwong's presentation. A committee member suggested that a demonstration of the Lyon's software as a possibility for the next meeting. Mr. Mendoza requested general thoughts on the day's meeting.

Meeting adjourned at 2:50 pm